

Appendix B

MSDH Water Fluoridation Reporting Log Month: _____ Year: _____

*Instructions: Record fluoride test results (in ppm) for each individual well or fluoride entry point. Return by fax to (601) 576-8190 or email to **Sherelda.jones@msdh.state.ms.us** or mail to **MSDH Office of Oral Health, Post Office Box 1700, Jackson, Mississippi 39215-1700** on or before the 5th day of the following month. If there are questions, call **Sherelda Jones at (601) 576-7500**.*

Name of Water System: _____ Operator's Name: _____

PWS ID#: _____ Name of well/fluoride entry point sampled: _____

County: _____ Total # fluoride entry points: _____ Testing Method (Circle one): Ion Photo Color

Day #:	Test Result (PPM):	Day #:	Test Result (PPM):
01		17	
02		18	
03		19	
04		20	
05		21	
06		22	
07		23	
08		24	
09		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16		Split Sample Taken On: / /	
		Split Sample Result:	

**FLUORIDE CONTROL RANGE is 0.7 PPM to 1.3 PPM
OPTIMAL FLUORIDE LEVEL IS 0.8 PPM**